

## Provider Bulletin No. 12-57

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TO: All Providers Participating in the Nebraska Medicaid Program

FROM: Vivianne M. Chaumont, Director  
Division of Medicaid & Long-Term Care



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Program Integrity

RE: United States Citizenship Attestation Form

**Please share this information with administrative, clinical, and billing staff.**

Nebraska Revised Statute §§ 4-108 through 4-114 require the verification of lawful presence in the United States for recipients of public benefits, public contractors, and public employees. In order to comply with this law, the Division of Medicaid & Long-Term Care is implementing the use of the **United States Citizenship Attestation Form** as part of the enrollment process for all individual providers, **effective December 1, 2012**. This form applies to providers enrolling as a solo practitioner under their own Medicaid provider ID. This form does not apply to group members or to individuals enrolling solely as a prescribing, ordering, or referring practitioner (for example, a hospitalist or medical director).

All Service Provider Agreements (MC-19) for individual providers received on and after December 1, 2012 **must** include this form. Service Provider Agreements that are submitted without this form will be returned to the provider and cannot be processed until **all** required information is received by Medicaid provider enrollment.

Providers who indicate they are a qualified alien must also provide their immigration status and alien number. This information will be verified using the Systematic Alien Verification for Entitlements (SAVE) Program operated by the U.S. Department of Homeland Security.

The United States Citizenship Attestation Form is available in both English and Spanish under the Additional Forms section of the blue forms box on the Provider Enrollment webpage located at [http://dhhs.ne.gov/medicaid/Pages/med\\_providerenrollment.aspx](http://dhhs.ne.gov/medicaid/Pages/med_providerenrollment.aspx).

Please send questions to [DHHS.MedicaidProgramIntegrity@nebraska.gov](mailto:DHHS.MedicaidProgramIntegrity@nebraska.gov).